

# **San Luis Obispo County 2013 Open Enrollment**

**September 16, 2013 – October 11, 2013**

*Be well and well informed*

**Review the material in this packet for important information about your benefits starting in 2014.**

# **OPEN ENROLLMENT September 16, 2013 – October 11, 2013**

**The following changes in your benefits will be effective January 1, 2014.  
Review the material in this packet for important information about your benefits.**

Open enrollment is the time when eligible employees may enroll, add/delete family members, or change health plans. The open enrollment period is from September 16, 2013 through October 11, 2013. **THE SELECTIONS YOU MAKE DURING OPEN ENROLLMENT WILL BE EFFECTIVE JANUARY 1, 2014.** All enrollment forms and supporting documents must be received by the department payroll coordinator by October 11, 2013. Incomplete forms will not be processed by the Auditor's Office and will be returned to the payroll coordinator to contact the employee.

Enrollment forms and open enrollment information may be obtained from your department payroll coordinator, by calling or emailing Cecilia Fontes, County Benefits Coordinator at 781-5959 or on the County intranet site: [http://myslo.intra/RM/RM\\_Benefits/Open\\_Enrollment\\_documents.htm](http://myslo.intra/RM/RM_Benefits/Open_Enrollment_documents.htm) or the County internet site: [http://www.slocounty.ca.gov/hr/employeebenefits/Health\\_Insurance.htm](http://www.slocounty.ca.gov/hr/employeebenefits/Health_Insurance.htm)

**REMEMBER: Employees are responsible for verifying their family's current health, dental and vision plan enrollment status. Go to Employee Self Service (ESS → Payments and Benefits→Participation Overview → Scroll down and select Print Benefits Confirmation Form) Contact your department payroll coordinator if you do not have access to ESS.**

**Eligible family members include:**

- Current spouse
- Current registered domestic partner
- Children (natural, adopted, domestic partner's, or step) up to age 26
- Disabled dependent children of any age if they were enrolled prior to age 26
- Children, up to age 26, if the employee has assumed a parent-child relationship and is considered the primary care parent

**OPEN ENROLLMENT FAIR  
TUESDAY, OCTOBER 1, 2013  
9:00 A.M. – 1:00 P.M.**

**Veterans Hall  
801 Grand Ave, San Luis Obispo  
Shuttle running from: Government Center, Health Campus, and DSS  
Time & pick-up locations TBA**

**This is your opportunity to talk to representatives from  
Blue Shield HMO, PERS PPO and HMO, Aetna, Delta Dental and VSP  
Variety of Health, Fitness and Nutritional Providers**

## **2014 HIGHLIGHTS**

### **Health**

- CalPERS 2014 Health Plan Rates
  - Blue Shield NetValue HMO 16.88% decrease
  - Blue Shield Access+ HMO 15.64% decrease
  - PERS Select PPO 31.32% increase
  - PERS Choice PPO 0.16% increase
  - PERS Care PPO 35.70% decrease
  - PORAC PPO 9.04% increase
- Three HMO plans available in San Luis Obispo County starting in 2014
  - Blue Shield NetValue
  - Blue Shield Access+
  - Anthem Blue Cross Traditional (new for 2014)
- Blue Shield HMO NetValue continues to offer members and their dependents the choice of two different networks of physicians, either Coastal Communities Physician Network (CCPN) or Physicians Choice Medical Group (SLO Select). Blue Shield HMO NetValue provides the same benefits as Blue Shield Access+ at a lower premium.

### **Dental**

- Aetna Dental and Delta Dental no change in rates or benefits for 2014.

### **VSP Vision**

- 2% increase in rates, no change in benefit for 2014.

## **HEALTH PLAN INFORMATION**

**If you are not making any changes to your health plan you do not need to do anything unless you waive health insurance.**

- **WAIVER OF HEALTH INSURANCE:** You can waive health insurance if you provide proof of other health insurance coverage and complete a Declaration of Health Coverage (HB-12A). Even if you previously waived health insurance, a Declaration of Health Insurance and proof of other coverage must be submitted during each annual open enrollment period. Dental and vision coverage are mandatory for all eligible employees.
- Employees currently enrolled in a CalPERS health plan should have received a Health Plan Statement directly from CalPERS. All employees can view online versions of CalPERS open enrollment materials at [www.calpers.ca.gov](http://www.calpers.ca.gov) or at the County intranet site at [http://myslo.intra/RM/RM\\_Benefits/Open\\_Enrollment\\_documents.htm](http://myslo.intra/RM/RM_Benefits/Open_Enrollment_documents.htm) or [http://www.slocounty.ca.gov/hr/employeebenefits/Health\\_Insurance.htm](http://www.slocounty.ca.gov/hr/employeebenefits/Health_Insurance.htm).
- If you are not currently enrolled in health insurance through the County you can request the CalPERS open enrollment packet from Human Resources.

## HOW TO ENROLL IN HEALTH PLANS

To enroll yourself and eligible dependents please obtain a PERS enrollment form (HBD-12) and a Declaration of Health Coverage form (HB-12A) from the County intranet site at: [http://myslo.intra/RM/RM\\_Benefits/Open\\_Enrollment\\_documents.htm](http://myslo.intra/RM/RM_Benefits/Open_Enrollment_documents.htm) or from your department payroll coordinator.

- **You must provide a copy of your Marriage Certificate/Declaration of Domestic Partnership or an Affidavit of Marriage when adding a spouse/domestic partner to your health plan.**
- **You must provide a copy of the birth certificate and social security number when adding a dependent to your health plan.**
- Complete the forms sign and return them to your payroll coordinator by October 11, 2013. **Incomplete forms will not be processed by the Auditor's Office and will be returned to the department payroll coordinator to contact the employee.** Please make a copy of each enrollment document for your records. Coverage is effective January 1, 2014.

## 2014 Health Plan Rates

PROVIDER	CURRENT RATES	RATES EFFECTIVE 1/1/2014	% CHANGE
<b>Blue Shield-HMO: Access+</b> Employee + 1 Dep + 2 or more	\$ 643.93 1,287.86 1,674.22	\$ 543.21 1,086.42 1,412.35	-15.64%
<b>Blue Shield-HMO: NetValue</b> Employee + 1 Dep + 2 or more	\$ 550.03 1,100.06 1,430.08	\$ 457.17 914.34 1,188.64	-16.88%
<b>Anthem HMO: Traditional</b> Employee + 1 Dep + 2 or more		\$ 592.20 \$1,184.40 \$1,539.72	
<b>PERS Select:</b> Employee + 1 Dep + 2 or more	\$ 446.49 892.98 1,160.87	\$ 586.32 1,172.64 1,524.43	+31.32%
<b>PERS Choice:</b> Employee + 1 Dep + 2 or more	\$ 611.30 1,222.60 1,589.38	\$ 612.25 1,224.50 1,591.85	+0.16%
<b>PERSCare:</b> Employee + 1 Dep + 2 or more	\$ 992.61 1,985.22 2,580.79	\$ 638.22 1,276.44 1,659.37	-35.70%
<b>*PORAC:</b> Employee + 1 Dep + 2 or more	\$ 581.00 1,088.00 1,382.00	\$ 634.00 1,186.00 1,507.00	+9.04%

\*Peace Officers Research Association of California (PORAC) for DSA and ASLOCDs dues paying members only.

**ALERT:** Blue Shield NetValue is not available in Santa Barbara County. If you live in Santa Barbara County and want to enroll in Blue Shield NetValue you will need to use 93401 as your eligibility zip code.

## 2014 Health Plan Comparison

When choosing between an HMO and a PPO, it is important to remember that an HMO only covers services rendered by an approved contracting provider. PERS Choice and PERS Care give you the freedom to choose any health care provider; however, you will incur greater out-of-pocket expenses if you choose to receive care from a Non-Preferred Provider. If you are a PERS Select member, you should check to see if a physician is participating in the Select PPO Network before receiving services.

**IMPORTANT!** This is only a summary of benefits offered by CalPERS HMO and PPO plans. Please refer to each plan's **Evidence of Coverage (EOC)** booklet for the exact terms and conditions of coverage. In case of a conflict between this summary and your plan's EOC, the EOC booklet determines the benefits that will be provided.

	Blue Shield HMO Access+	Blues Shield HMO NetValue	Anthem Blue Cross Traditional HMO
<b>Plan Year Deductible</b>			
Member	None	None	None
Family	None	None	None
<b>Maximum Plan Year Co-payment (excluding pharmacy)</b>			
Member	\$1,500	\$1,500	\$1,500
Family	3,000	3,000	3,000

Plan Benefits	Blue Shield HMO Access+	Blue Shield HMO NetValue	Anthem Blue Cross Traditional HMO
<b>Hospital</b>	No Charge	No Charge	No Charge
<b>Physician Office Visits (co-pay for each service provided)</b>	\$15	\$15	\$15
<b>Inpatient Visits</b>	No Charge	No Charge	No Charge
<b>Outpatient Visits</b>	\$15	\$15	\$15
<b>Urgent Care</b>	\$15	\$15	\$15
<b>Emergency Care Services</b>	\$50/visit – waived if hospitalized	\$50/visit – waived if hospitalized	\$50/visit – waived if hospitalized
<b>Diagnostic X-ray/Lab</b>	No Charge	No Charge	No Charge
<b>Surgery/Anesthesia</b>	No Charge	No Charge	No Charge
<b>Vision Exam/Screening</b>	No Charge	No Charge	No Charge
<b>Durable Medical Equipment</b>	No Charge	No Charge	No Charge
<b>Occupational/Physical/Speech Therapy - Inpatient</b>	No Charge	No Charge	No Charge
<b>Occupational/Physical/Speech Therapy - Outpatient</b>	\$15	\$15	\$15
<b>Retail Pharmacy (not to exceed 30- day supply)</b>	Generic: \$5 Formulary brand: \$20 Non-formulary brand: \$50	Generic: \$5 Formulary brand: \$20 Non-formulary brand: \$50	Generic: \$5 Formulary brand: \$20 Non-formulary brand: \$50
<b>Retail Pharmacy Maintenance Medications filled after 2<sup>nd</sup> fill</b>	Generic: \$10 Formulary brand: \$40 Non-formulary brand: \$100	Generic: \$10 Formulary brand: \$40 Non-formulary brand: \$100	Generic: \$10 Formulary brand: \$40 Non-formulary brand: \$100
<b>Mail Order Pharmacy Program (Not to exceed 90-day supply for maintenance drugs)</b>	Generic: \$10 Formulary brand: \$40 Non-formulary brand: \$100	Generic: \$10 Formulary brand: \$40 Non-formulary brand: \$100	Generic: \$10 Formulary brand: \$40 Non-formulary brand: \$100
<b>Maximum co-payment per person per calendar year</b>	\$1,000	\$1,000	\$1,000

	PERS Select PPO	PERS Choice PPO	PERS Care PPO	PORAC
<b>Plan Year Deductible</b> Member Family	\$500 \$1,000	\$500 \$1,000	\$500 \$1,000	\$300 \$900
<b>Maximum Plan Year Co-payment</b> (excluding pharmacy) Member Family	\$3,000 6,000	\$3,000 \$6,000	\$2,000 \$4,000	\$3,000 \$6,000
The maximum annual co-payment applies only if services are received from a Preferred Provider, or if you live and receive covered services outside a Preferred Provider area.				

Plan Benefits	PERS Select PPO		PERS Choice PPO		PERS Care PPO		PORAC	
	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO
Hospital	N/A		N/A		\$250		N/A	
Physician Office Visits (co-pay for each service provided)	\$20	40%	\$20	40%	\$20	40%	\$20	10%
Inpatient	20%-30% hosp tiers	40%	20%	40%	10%	40%	10%	
Outpatient Facility/Surgery Services	20%-30% hosp tiers	40%	20%	40%	10%	40%	10%	
Urgent Care	\$20	40%	\$20	40%	\$20	40%	10%	
Emergency Room Deductible	\$50 applies to room charge only		\$50 applies to room charge only		\$50 applies to room charge only		N/A	
Emergency (co-pay waived if admitted as an inpatient)	20% (applies to other services; physician, X-ray, lab, etc.)		20% (applies to other services; physician, X-ray, lab, etc.)		10% (applies to other services; physician, X-ray, lab, etc.)		10%	
Diagnostic X-ray/Lab	20%	40%	20%	40%	10%	40%	10%	
Surgery/Anesthesia	20%	40%	20%	40%	10%	40%	10%	
Vision Exam/Screening	Not Covered		Not Covered		Not Covered		Not Covered	
Durable Medical Equipment	20%	40%	20%	40%	10%	40%	20%	
Occupational/Physical/Speech Therapy – Inpatient	No Charge		No Charge		No Charge		10%	10%
Occupational/Physical/Speech Therapy – Outpatient	20%	40% Occupational therapy: 20%	20%	40% Occupational therapy: 20%	20%		\$20	10%
Acupuncture	20%	40%	20%	40%	10%	40%	\$20 (10% for other services)	10%
	(acupuncture/chiropractic; combined 15 visits)		(acupuncture/chiropractic; combined 15 visits)		(acupuncture/chiropractic; combined 20 visits)			
Chiropractic	20%	40%	20%	40%	10%	40%	\$20/up to 20 visits	\$35
	(acupuncture/chiropractic; combined 15 visits)		(acupuncture/chiropractic; combined 15 visits)		(acupuncture/chiropractic; combined 20 visits)			
Retail Pharmacy (not to exceed 30- day supply)	Generic: \$5 Preferred: \$20 Non-Preferred: \$50		Generic: \$5 Preferred: \$20 Non-Preferred: \$50		Generic: \$5 Preferred: \$20 Non-Preferred: \$50 not to exceed 34 days		Generic: \$10 Brand Formulary: \$25 Non-Formulary: \$45 Compound: \$45	
Retail Pharmacy Maintenance Medications filled after 2 <sup>nd</sup> fill	Generic: \$10 Preferred: \$40 Non-Preferred: \$100		Generic: \$10 Preferred: \$40 Non-Preferred: \$100		Generic: \$10 Preferred: \$40 Non-Preferred: \$100 not to exceed 34 days		N/A	
Mail Order Pharmacy Program (Not to exceed 90-day supply for maintenance drugs)	Generic: \$10 Preferred: \$40 Non-Preferred: \$100		Generic: \$10 Preferred: \$40 Non-Preferred: \$100		Generic: \$10 Preferred: \$40 Non-Preferred: \$100		Generic: \$20 Brand Formulary: \$40 Non-Formulary: \$75	N/A
Maximum Co-payment per person per calendar year	\$1,000		\$1,000		\$1,000		N/A	

## HEALTH PLAN WEB SITES

PERS Care (Anthem Blue Cross):	<a href="http://www.anthem.com/ca/calpers">www.anthem.com/ca/calpers</a>
PERS Choice (Anthem Blue Cross):	<a href="http://www.anthem.com/ca/calpers">www.anthem.com/ca/calpers</a>
PERS Select (Anthem Blue Cross):	<a href="http://www.anthem.com/ca/calpers">www.anthem.com/ca/calpers</a>
Anthem Blue Cross	<a href="http://www.anthem.com/ca/calpershmo/">www.anthem.com/ca/calpershmo/</a>
Blue Shield-HMO:	<a href="http://www.blueshieldca.com">www.blueshieldca.com</a>
PORAC:	<a href="http://www.porac.org">www.porac.org</a>

# DENTAL PLAN INFORMATION

During open enrollment you may change dental plans, and add or delete dependents. **Changes made during open enrollment will be effective January 1, 2014.** Enrollment forms must be received by the department payroll coordinator by October 11, 2013. Incomplete forms will not be processed by the Auditor's Office and will be returned to the payroll coordinator to contact the employee. Enrollment forms and open enrollment information may be obtained from your department payroll coordinator, by calling Human Resources at 781-5959 or on the county intranet site: [http://myslo.intra/RM/RM\\_Benefits/Open\\_Enrollment\\_documents.htm](http://myslo.intra/RM/RM_Benefits/Open_Enrollment_documents.htm).

- You must provide a copy of your Marriage Certificate/Declaration of Domestic Partnership or an Affidavit of Marriage when adding a spouse/domestic partner to your health plan.
- You must provide a copy of the birth certificate and social security number when adding a dependent to your health plan.

**Dental Coverage Is Mandatory:** County employees **must be enrolled** in one of the dental plans. Coverage as a dependent on your spouse's plan does not fulfill this requirement.

**Aetna Dental Dmo Plan ([www.aetna.com](http://www.aetna.com)):** No change in rates or plan benefits for 2014. Because this is a DMO Plan (similar to a health HMO plan) you need to select an Aetna dentist when you enroll.

**Delta Preferred Option Plan ([www.deltadentalca.org](http://www.deltadentalca.org)):** No change in rates or plan benefits for 2014.

**Dependent Eligibility:** Eligible dependents include spouse, domestic partner, and dependent children until their 26th birthday.

**Deletion of Dependents:** Dependents can only be deleted from your dental plan during open enrollment or when they no longer meet the eligibility requirements.

## Aetna Dental DMO PROVIDERS

Provider ID: 108894 Williams, Jeffrey Lynn, DDS 236 South Halcyon Rd Arroyo Grande, CA 93420 (805) 489-1495	Provider ID: 699179 Nelson, Latta & Wells, DDS 1250 Peach Street San Luis Obispo, CA 93401 (805) 544-1877	Provider ID: 108868 Evans, Robert W., Jr., DDS 2151 S. College Dr Suite 103 Santa Maria, CA 93455 (805) 928-5871
Provider ID 416657 Muentner, Stanley Laurence, DDS 4555 El Camino Real Suite F Atascadero CA 93422 (805) 461-3147	Provider ID 437926 Mansilla, Disbel Rebeca, DDS Echeverry, Alejandro, DSS 1551 Bishop, Suite 420 D San Luis Obispo, CA 93401 (805) 547-7010	Provider ID: 291135 Family Smiles Dental Group 2528 S. Broadway Suite C Santa Maria, CA 93454 (805) 928-6776
Provider ID 4602881 Krill, Charles David, DDS 1920 Creston Rd Suite B Paso Robles, CA 93446 (805) 239-2146	Provider ID 680483 Mission Family Dental – GP 4251 South Higuera Street Ste 502 San Luis Obispo CA 93401 (805) 540-5251	Provider ID: 360929 Western Dental 2205 South Broadway Santa Maria, CA 93454 (805) 347-1000



Following is a comparative outline of the benefits and costs of each plan. You may obtain additional information at the County intranet site at [http://myslo.intra/RM/RM\\_Benefits/Open\\_Enrollment\\_documents.htm](http://myslo.intra/RM/RM_Benefits/Open_Enrollment_documents.htm) or [http://www.slocounty.ca.gov/hr/employeebenefits/Health\\_Insurance.htm](http://www.slocounty.ca.gov/hr/employeebenefits/Health_Insurance.htm).

### COMPARATIVE OUTLINE OF DENTAL PLAN BENEFITS COUNTY OF SAN LUIS OBISPO 2014

(This is only a partial listing of plan benefits. Refer to the Dental Plan Contracts for exact terms and conditions of coverage.)

CATEGORY DESCRIPTION	DELTA DENTAL (Delta Preferred Option)			AETNA DENTAL DMO PLAN		
CHOICE OF DENTIST	Members are free to choose any dentist, but there is a higher level of benefits when using Delta Preferred Dentists.			Member must select one panel dentist. Refer to the prior page for the list of panel dentists.		
DEDUCTIBLES	No deductible when services are provided by a Delta Preferred Dentist. If services are provided by other Dentists there is a \$25 deductible per patient per year. The deductible will not be applied to Diagnostic and Preventive Benefits.			No deductible.		
MAXIMUM BENEFIT	\$1,500 per patient per calendar year when services are provided by a Delta Preferred Dentist. \$1,000 per patient per calendar year when using Non-Preferred Dentist.			Unlimited.		
OUT OF AREA EMERGENCY	Member may receive treatment from any dentist. 100% coverage.			Member may receive treatment from any dentist that is more than 50 miles from assigned panel dentist. Member will receive up to \$100 reimbursement per emergency, less any applicable co-payment during any twelve-month period.		
MONTHLY RATES	2013 RATES	2014 RATES	DOLLAR DIFFERENCE	AETNA 2013 RATES	AETNA 2014 RATES	DOLLAR DIFFERENCE
SINGLE	\$46.95	\$46.95	0	\$30.35	\$30.35	0
2-PARTY	79.81	79.81	0	50.20	50.20	0
FAMILY	122.06	122.06	0	74.18	74.18	0
COVERED SERVICES	<div>1. Diagnostic and preventive services, including office visits, cleanings and x-rays are paid at 100%.</div> <div>2. Basic services, including fillings, extractions and root canals: Delta Dental pays 90% if services are provided by a Preferred Option Dentist. Delta pays 80% if services are provided by a Non-Preferred Option Dentist.</div> <div>3. Crowns are covered at 50% of charges.</div> <div>4. Prosthodontics, including bridges and dentures, are covered at 50%.</div> <div>5. Orthodontic Benefits: Delta Dental pays 50% of the covered fees up to a lifetime maximum of \$1,000 per patient.</div> <div>A list of preferred option dentists can be obtained from Risk Management or <a href="http://www.deltadentalca.org">www.deltadentalca.org</a></div>			<div>1. You pay nothing for many dental services, including office visits, x-rays and cleanings.</div> <div>2. You pay a co-payment at time of service for the following procedures:<div>a. Amalgam Fillings - no cost</div><div>b. Crowns-Resin \$185 each, porcelain \$185 each*</div><div>c. Soft Tissue Extraction - no charge</div><div>d. Partial Bony Extraction - \$45 (each tooth)</div><div>e. Fully Bony Extraction - \$60 (each tooth)</div><div>f. Subgingival Curettage - \$40 (each quadrant)</div><div>g. Gingivectomy - \$75 (each quadrant)</div><div>h. Mucco-Osseou Surgery - \$250 (each quadrant)</div><div>i. Full Denture - \$300 (each)</div><div>j. Partial Denture - \$300 (each)</div><div>k. Repair Complete Denture - \$35</div><div>l. Space Maintainer - no charge</div><div>* Base or noble metal is the benefit.</div></div> <div>3. Orthodontic Benefits (Must use a panel orthodontist) <b>Enrollee pays :</b><div>Start up fees (excluding records) \$ 180</div><div>Dependent children to age 19 2,000</div><div>Adults &amp; Full-time students 2,000</div></div> <div><b>NOTE: The above procedures are subject to the limitations, exclusions, and governing administrative policies of the plan.</b></div>		

## VISION PLAN INFORMATION

The County is pleased to renew the availability of vision care benefits for employees and their dependents. Between September 16, 2013 and October 11, 2013, you can add or delete dependents from your Vision Service Plan. The changes you make during this open enrollment period will be effective January 1, 2014. Enrollment forms must be received by the department payroll coordinator by October 11, 2013. Incomplete forms will not be processed by the Auditor's Office and will be returned to the payroll coordinator to contact the employee.

Enrollment forms and open enrollment information may be obtained from your department payroll coordinator, by calling Human Resources at 781-5959 or on the county intranet site: [http://myslo.intra/RM/RM\\_Benefits/Open\\_Enrollment\\_documents.htm](http://myslo.intra/RM/RM_Benefits/Open_Enrollment_documents.htm).

- You must provide a copy of your Marriage Certificate/Declaration of Domestic Partnership or an Affidavit of Marriage when adding a spouse/domestic partner to your health plan.
- You must provide a copy of the birth certificate and social security number when adding a dependent to your health plan.

It will not be necessary to complete a new enrollment form unless you want to add or delete dependents. **ENROLLMENT IN THE VISION SERVICE PLAN CONTINUES TO BE MANDATORY FOR ALL ELIGIBLE EMPLOYEES.**

**Dependent Eligibility:** Eligible dependents include spouse, domestic partner, and dependent children until their 26th birthday.

**Deletion Of Dependents:** Dependents can only be deleted from your vision plan during open enrollment or when they no longer meet the eligibility requirements.

### **VSP BENEFITS**

Your VSP plan provides one eye examination and necessary lenses in a 12-month period and frames in a 24-month period. There is a \$10.00 deductible for the exam and a \$25.00 deductible for frames and lenses. You may use any licensed eye care professional. If you see a non-VSP provider, you'll receive a lesser benefit. **You are responsible for any charges exceeding the VSP schedule of benefits.** Before seeing a non-VSP provider, it is recommended that you call VSP 800-877-7195 for more details.

VSP Premiums Effective January 1, 2014			
<b>VSP (Vision Service Plan)</b>	<b>2013 Monthly Premiums</b>	<b>2014 Monthly Premiums</b>	<b>Change</b>
<i>Single</i>	\$ 9.35	\$ 9.54	
<i>2-Party</i>	14.25	14.54	+2.00%
<i>Family</i>	23.05	23.52	